

**Applied Assessments LLC**  
**An Independent Review Organization**

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***Notice of Independent Review Decision***

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Orthopedic Surgery

***Description of the service or services in dispute:***

Post-operative LSO brace for the lumbar spine, s/p lumbar spine surgery

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

***Patient Clinical History (Summary)***

The patient is a female who sustained an injury on xx/xx/xx and was followed for complaints of low back pain radiating to the lower extremities that had not improved radiating to the right lower extremity that had not proved with prior epidural steroid injections. MRI noted prior surgical intervention including laminectomy and lateral fusion with interbody device at L5-S1. There was possible pseudo there was possible seroma formation versus pseudomeningocele. No recurrent disc herniation was evident on study. As of 02/18/15 recommended L3-4 laminectomy and decompression followed by the use of lumbar support orthosis. The requested lumbosacral orthosis brace for lumbar spine following surgery was denied on 01/20/15 however the rationale did not specifically provide a denial reason. The request was again denied on 02/25/15 as the surgical request was not found to be medically appropriate.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient has been recommended for a decompression at L3-4. Per guidelines the use of post-operative lumbar support orthosis following surgery has typically been provided for non instrumented fusions. There is no evidence in the current clinical literature establishing the efficacy of post-operative bracing following decompression. There is no indication of any instability fractures or other trauma to the lumbar spine that would reasonably benefit from a lumbar support orthosis following decompression. As such it is the opinion of this reviewer that medical necessity has not been established and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)